SEEC FORM 1

STATE ELECTIONS ENFORCEMENT COMMISSION Registration by Candidate



Revised January 2014

REGISTRATION TYPE	1. ELECTION DATE (mm/dd/yyyy)		yyy) 2. OFFI	2. OFFICE OR POSITION SOUGHT		3. DISTRICT NUMBER	
✓ Initial Amendment	Nov 2014		State F	State Representative		(If applicable) 124	
4. PARTY AFFILIATION							
Republican • Democratic Other (Specify)							
5. CANDIDATE NAME							
First Name			MI	Last Name		Suffix	
Andre				Baker			
6. CANDIDATE RESIDENCE ADDRESS				7. CANDIDATE MAILING ADDRESS (If different)			
Street Address			Address				
985 Stratford Ave							
City		State	Zip Code	City	State	Zip Code	
Bridgeport		СТ	06607				
8. CANDIDATE TELEPHONE 9. CAND			IDATE EMAIL ADDRESS				
(Include Area Code)							
203 334	3876	abakeı	@snet.net				

10. DESIGNATION OF CAMPAIGN FUNDING SOURCE

(Check one)

✓ A. I am forming a candidate committee and I am required to file a Candidate Committee Registration Statement.

Go to Form 1A and complete pages 2 and 3 — Candidate Registration Statement.

B. I am exempt from forming a candidate committee and I am filing a Certification of Exemption from Forming a Candidate Committee.

Go to Form 1B and complete page 4 — Certification of Exemption from Forming a Candidate Committee.

Important Notice: Failure of a candidate to complete this page *together with* either Form 1A, "Registration of Candidate Committee," *or* Form 1B "Exemption from Forming a Candidate Committee," within 10 days of becoming a candidate will subject the candidate to a mandatory \$100 late filing fee.

See Section 9-623(b), Connecticut General Statutes.

Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 1A

STATE ELECTIONS ENFORCEMENT COMMISSION Candidate Committee Registration Statement



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REGISTRATION TYPE CANI	DIDATE NAME				
✓ Initial Amendment Andı	e Baker				
11. COMMITTEE NAME					
Andre Baker For State Representative					
12. COMMITTEE ADDRESS			13. & 14. COMMITTEE EMAIL ADDRESS & W	EBSITE	
Address			Email Address		
985 Stratford Ave					
City	State	Zip Code	Website		
Bridgeport	СТ	06607			
15. TREASURER NAME					
First Name		MI	Last Name		Suffix
Robyn			Melvin-Waller		
16. TREASURER RESIDENCE ADD	RESS	<u>'</u>	17. TREASURER MAILING ADDRESS (If different)		
Street Address			Address		
2019 Old Town Rd					
City	State	Zip Code	City	State	Zip Code
Bridgeport	СТ	06606			
18. TREASURER TELEPHONE 19. TREASURER EM			MAIL ADDRESS		
(Include Area Code) 203 382 3629	rmel	nail.com			
20. DEPUTY TREASURER NAME					
First Name		MI	Last Name		Suffix
Maria			Valentin		
21. DEPUTY TREASURER RESIDENCE ADDRESS			22. DEPUTY TREASURER MAILING ADDRES	${f S}$ (If different,)
Street Address			Address		
35 Hanover St					
City	State	Zip Code	City	State	Zip Code
Bridgeport	СТ	06604			
23. DEPUTY TREASURER TELEPHONE 24. DEPUTY TREASU			URER EMAIL ADDRESS		
(Include Area Code)					
203 726 5666	valentinmaria@yahoo.com				
25. DEPOSITORY INSTITUTION NAME					
Bank of America					
26. DEPOSITORY INSTITUTION A	DDRESS				
Address					
10 Middle Street, Bridgeport, CT 06606					

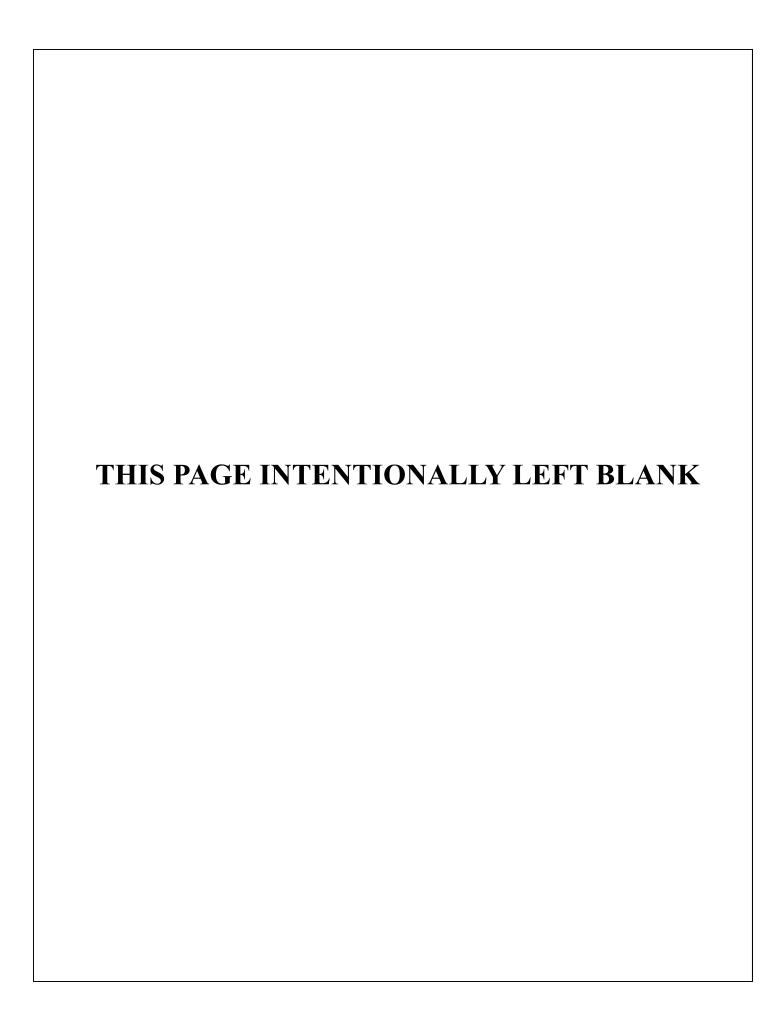
Maria Valentin

DEPUTY TREASURER SIGNATURE

Revised January 2014				
REGISTRA	TION TYPE	CANDIDATE NAME		
Initial	Amendment	Andre Baker		
27. CERTIFI	ICATION			
Candidate				
comm this st or dep And	nittee registrationatement includ	on statement are true and accurate es my certification to the fact that	tement, that all of the designations set forth in this candidate to the best of my knowledge and belief, and further, that any individual designated herein to serve as my treasurer ance of my appointment of them to those positions. 06/11/2014 DATE (mm/dd/yyyy)	
Treasurer				
candio electo conta	date to serve as or in the State of ined in Chapter	the candidate's designated treasured f Connecticut. I intend to comply	ement, that I have accepted my appointment by the urer of this candidate committee. I certify that I am an y with all the campaign finance disclosure requirements as to abide by any prohibitions, limitations or restrictions	
I certi	I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.			
jurisd under plea o	iction, any (A) Title 9 of the 0	felony involving fraud, forgery, l General Statues, or that at least eigen of any sentence, whichever dat	ty or nolo contendere to, in a court of competent larceny, embezzlement or bribery, or (B) criminal offense ght years have elapsed from the date of the conviction or te is later, without a subsequent conviction of or plea to	
Comn	nission.		as a treasurer by order of the State Elections Enforcement	
Robyn Melvin-Waller			06/19/2014	
TREASURER SIGNATURE			DATE (mm/dd/yyyy)	
Deputy Treasurer				
candic and ac autom that I requir	I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the candidate to serve as the candidate's designated deputy treasurer of this candidate committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I certify that I am an elector in the State of Connecticut. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.			
I certi	I certify that I have paid any civil penalties or forfeitures assessed pursuant to chapters 155 to 157, inclusive.			
jurisd under plea o	certify that I have not been convicted of or pled guilty or nolo contendere to, in a court of competent urisdiction, any (A) felony involving fraud, forgery, larceny, embezzlement or bribery, or (B) criminal offense under Title 9 of the General Statues, or that at least eight years have elapsed from the date of the conviction or blea or the completion of any sentence, whichever date is later, without a subsequent conviction of or plea to unother such felony or offense.			
	fy that I am no cement Comm		as a deputy treasurer by order of the State Elections	

06/19/2014

DATE (mm/dd/yyyy)



SEEC FORM 1B

STATE ELECTIONS ENFORCEMENT COMMISSION Certification of Exemption From Forming a Candidate Committee



Revised January 2014

REGISTRATION TYPE			CANDIDATE NAME			
□ In	itial	☐ Amendment				
11. RI	11. REASON FOR EXEMPTION FROM FORMING A CANDIDATE COMMITTEE					
	I hereby certify that I am exempt from forming a candidate committee because. CHYCK ONE)					
	polit	ical committee	ate of candidates whose campaigns are being funded solcitary as we consuit from a formed for a single election or primary and expenditure made only behalf all be smittee sponsoring my candidacy. The name of this sponsor response to the second seco			
			OR			
	c C H	contributions from thousand do	or campaign entirely from my own personal nodes are wall not request or receive om other individuals or compartees and condens. That if I make expenditures exceeding ollars (\$1,000) that I showever expensible for Ying financial disclosure statements (SEEC ding to the same schedus and in a same in anner as required of treasurers of candidate OR			
	C. I	do not intend to	o receive () and) and in excess of one thousand dollars (\$1,000). OR			
	D. I	do no me t	o receive or expend any funds, including personal funds, for this campaign.			
12. CI	ERTA					
	cand		state, under penalties of false statement, that this statement of exemption from forming a e, for the reason checked above, is true, accurate and complete to the best of my ef.			
	CAND	IDATE SIGNATURE	DATE (mm/dd/yyyy)			